

filed 2-12-07

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/585823</i>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		—					58						
9		/					59						
10		—					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16	/						66						
17		3					67						
18		3					68						
19		3					69						
20		—					70						
21							71						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	38						TOTAL CLAIMS						